



Care Wait List Form - Website

Parent Guardian details:

First Name		Last Name	
Address			
Phone number		Email	
Work suburb			

Child/ren requiring Care:

Child's Name (First & Last)	Gender	Date of Birth	Wait List Priority Low, Medium or High	Priority of Access *	Country of Birth	Ethnic Group **	Primary Language

Booking Requirements:

Desired Commencement Date: _____

Suburb/s requiring care:

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
Drop Off							
Pick Up							

Notes – Special Requirements:

	Yes	No	Comments
Disability / Special Needs			
Preferences – Animals / Ed Qualls/ No Outings			
Currently in Care			
Other details or additional requirements			

* Priority of Access:

- 1 – At risk or referral
- 2 – Work related or studying
- 3 – Parent or child disability
- 3 – Respite
- 99- Unknown

** Ethnic Group - Indigenous Status

- A not TS I - Aboriginal not TS Islander
- TS I not A – TS Islander not Aboriginal
- A & TS I – Aboriginal and TS Islander
- N A nor TS I – Not Aboriginal nor TS Islander
- N S – Not stated